

Fill in this information to identify your case:

Debtor 1	BRAD First Name	L. Middle Name	CONRADO Last Name
Debtor 2 (Spouse, if filing)	HOLLI First Name	J. Middle Name	CONRADO Last Name
United States Bankruptcy Court for the: DISTRICT OF NEVADA			
Case number (if known)	19-50031		

☒ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
\$7,400.00	\$2,000.00	\$5,400.00

2.1

ACCEPTANCE NOW

Creditor's name
5501 HEADQUARTERS DR.

Number Street

Describe the property that
secures the claim:

FURNITURE

PLANO TX 75024

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
- ☐ Statutory lien (such as tax lien, mechanic's lien)
- ☐ Judgment lien from a lawsuit
- ☒ Other (including a right to offset)

Purchase Money

Who owes the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☒ Check if this claim relates
to a community debt

Date debt was incurred **2018** Last 4 digits of account number _____

Add the dollar value of your entries in Column A on this page. Write that number here:

\$7,400.00

Debtor 1 **BRAD L. CONRADO**
 Debtor 2 **HOLLI J. CONRADO**

Case number (if known) **19-50031**

Part 1:

Additional Page

After listing any entries on this page, number them sequentially from the previous page.

Column A
Amount of claim
 Do not deduct the value of collateral

Column B
Value of collateral
 that supports this claim

Column C
Unsecured portion
 If any

2.2	Describe the property that secures the claim:	\$10,200.00	\$6,000.00	\$4,200.00
PRIME ACCEPTANCE				
Creditor's name	2005 FORD F150 (approx. 111,000 miles)			
200 WEST JACKSON STREET #720				
Number Street				

PRIME ACCEPTANCE

Creditor's name

200 WEST JACKSON STREET #720

Number Street

CHICAGO IL 60606
 City State ZIP Code

Who owes the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ Check if this claim relates to a community debt

Date debt was incurred **11-18**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset)

Purchase Money

Last 4 digits of account number

34 MONTH LOAN

2.3	Describe the property that secures the claim:	\$13,300.00	\$5,000.00	\$8,300.00
SOUTHERN CASCADES				
Creditor's name	2013 HYUNDAI SONATA (approx. 87,000 miles)			
150 N. BARTLETT STREET				
Number Street				

SOUTHERN CASCADES

Creditor's name

150 N. BARTLETT STREET

Number Street

MEDFORD OR 97501
 City State ZIP Code

Who owes the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ Check if this claim relates to a community debt

Date debt was incurred **9-16**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset)

Purchase Money

Last 4 digits of account number

66 MONTH LOAN

Add the dollar value of your entries in Column A on this page. Write that number here:

\$23,500.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$30,900.00

Fill in this information to identify your case:

Debtor 1	BRAD First Name	L. Middle Name	CONRADO Last Name
Debtor 2 (Spouse, if filing)	HOLLI First Name	J. Middle Name	CONRADO Last Name
United States Bankruptcy Court for the: DISTRICT OF NEVADA			
Case number (if known)	19-50031		

☒ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1	\$1.00	\$1.00	\$0.00

CHRISTINA REYNOLDS

Priority Creditor's Name
1280 TYLER WAY
 Number Street

Last 4 digits of account number

When was the debt incurred? **VARIES**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

SPARKS

NV

89431

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt
 Is the claim subject to offset?
☒ No
☐ Yes

Type of PRIORITY unsecured claim:

- ☒ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify

Debtor 1 **BRAD L. CONRADO**
 Debtor 2 **HOLLI J. CONRADO**

Case number (if known) **19-50031**

Part 1: Your PRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim	Priority amount	Nonpriority amount
\$4,000.00	\$4,000.00	\$0.00

2.2

INTERNAL REVENUE SERVICE

Priority Creditor's Name

P.O. BOX 7346

Number Street

Last 4 digits of account number

When was the debt incurred? **2015-16**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

PHILADELPHIA PA 19101
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☒ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify

2.3

LEAH BERNER

Priority Creditor's Name

2555 RIO ALAYNE

Number Street

Last 4 digits of account number

When was the debt incurred? **VARIES**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

SPARKS NV 89436
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of PRIORITY unsecured claim:

- ☒ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify

Debtor 1 **BRAD L. CONRADO**
 Debtor 2 **HOLLI J. CONRADO**

Case number (if known) **19-50031**

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.

If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If more space is needed for nonpriority unsecured claims, fill out the Continuation Page of Part 2.

Total claim

4.1

\$1,500.00

AD ASTRA RECOVERY SERVICE

Nonpriority Creditor's Name

7330 W. 33rd STREET N. SUITE 118

Number Street

Last 4 digits of account number

When was the debt incurred? **2012-14**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

WICHITA KS 67205

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Collecting for - RAPID CASH

4.2

\$200.00

AMCOL

Nonpriority Creditor's Name

P.O. BOX 21625

Number Street

Last 4 digits of account number

When was the debt incurred? **2019**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

COLUMBIA SC 29221

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Collecting for - MEDICAL

Debtor 1 **BRAD L. CONRADO**
 Debtor 2 **HOLLI J. CONRADO**

Case number (if known) **19-50031****Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.3****\$1,000.00****Business & Professional Coll Serv.**

Nonpriority Creditor's Name

816 S. Center Street

Number Street

Last 4 digits of account number

When was the debt incurred? **2012-18**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Reno NV 89501
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Collecting for - MEDICAL

4.4**\$150.00****CAPITAL BANK**

Nonpriority Creditor's Name

1 CHURCH STREET SUITE 100

Number Street

Last 4 digits of account number

When was the debt incurred? **2018**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

ROCKVILLE MD 20850
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Credit Card

4.5**\$100.00****CEP AMERICA CALIFORNIA**

Nonpriority Creditor's Name

P.O. BOX 582663

Number Street

Last 4 digits of account number

When was the debt incurred? **2019**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

MODESTO CA 95358
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical Bills

Debtor 1 **BRAD L. CONRADO**
 Debtor 2 **HOLLI J. CONRADO**

Case number (if known) **19-50031**

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.6

\$200.00

CLARK COUNTY COLLECTION

Nonpriority Creditor's Name

8860 W. SUNSET RD. #100

Number Street

Last 4 digits of account number

When was the debt incurred? **2014**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Collecting for - DOLLAR LOAN

LAS VEGAS NV 89148
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.7

\$100.00

Collection Service of Nevada

Nonpriority Creditor's Name

777 Forest Street

Number Street

Last 4 digits of account number

When was the debt incurred? **2018**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Collecting for - MEDICAL BILLS

Reno NV 89509
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.8

\$500.00

CREDIT ONE BANK

Nonpriority Creditor's Name

P.O. BOX 98872

Number Street

Last 4 digits of account number **3 7 2 0**

When was the debt incurred? **2017-18**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Credit Card

LAS VEGAS NV 89193
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor 1 **BRAD L. CONRADO**
 Debtor 2 **HOLLI J. CONRADO**

Case number (if known) **19-50031**

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.9

\$500.00

CREDIT ONE BANK

Nonpriority Creditor's Name
P.O. BOX 98872
 Number Street

Last 4 digits of account number **8 4 4 5**

When was the debt incurred? **2018**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

LAS VEGAS NV 89193

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Credit Card

4.10

\$200.00

ENHANCED RECOVERY CORP.

Nonpriority Creditor's Name
8014 BAYBERRY RD.
 Number Street

Last 4 digits of account number _____

When was the debt incurred? **2015**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

JACKSONVILLE FL 32256

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Collecting for - CHARTER

4.11

\$6,400.00

GOLD ACCEPTANCE

Nonpriority Creditor's Name
P.O. BOX 1889
 Number Street

Last 4 digits of account number _____

When was the debt incurred? **2017**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

ORANGE CA 92856

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
DEFICIENCY BALANCE

Debtor 1 **BRAD L. CONRADO**
 Debtor 2 **HOLLI J. CONRADO**

Case number (if known) **19-50031**

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.12

\$600.00

HARRIS

Nonpriority Creditor's Name

111 W. JACKSON BLVD. SUITE 400

Number Street

Last 4 digits of account number

When was the debt incurred? **2018**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for - MEDICAL

CHICAGO IL 60604
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.13

\$4,500.00

Hospital Collection Service

Nonpriority Creditor's Name

816 S. Center Street

Number Street

Last 4 digits of account number

When was the debt incurred? **2013-19**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Bills

Reno NV 89501
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.14

\$100.00

I.C. SYSTEMS

Nonpriority Creditor's Name

P.O. BOX 64378

Number Street

Last 4 digits of account number

When was the debt incurred? **2017**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for - AT&T DIRECTV

ST. PAUL MN 55164
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor 1 **BRAD L. CONRADO**
 Debtor 2 **HOLLI J. CONRADO**

Case number (if known) **19-50031**

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.15

\$3,700.00

IQ DATA INTERNATIONAL

Nonpriority Creditor's Name

1010 SE EVERETT MALL WAY #100

Number Street

EVERETT

WA 98208

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

When was the debt incurred? **2013**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Collecting for - VERONA APTS.

4.16

\$500.00

NATIONWIDE CREDIT, INC.

Nonpriority Creditor's Name

P.O. BOX 14581

Number Street

DES MOINES

IA 50306

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

When was the debt incurred? **2019**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Collecting for - EASY PAY

4.17

\$1,700.00

NORTHERN NEVADA MED. CENTER

Nonpriority Creditor's Name

C/O THRIVE

Number Street

1919 S. JONES, SUITE B

LAS VEGAS

NV 89146

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

When was the debt incurred? **2018-19**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical Bills

Debtor 1 **BRAD L. CONRADO**
 Debtor 2 **HOLLI J. CONRADO**

Case number (if known) **19-50031****Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.18****\$500.00****ONE NEVADA C.U.**

Nonpriority Creditor's Name
2645 S. MOJAVE RD.
 Number Street

Last 4 digits of account number _____

When was the debt incurred? **2012-18**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

LAS VEGAS NV 89121
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Unpaid Loan

4.19**\$500.00****PROFESSIONAL FINANCE CO.**

Nonpriority Creditor's Name
5754 W. 11th STREET SUITE 100
 Number Street

Last 4 digits of account number _____

When was the debt incurred? **2018**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

GREELEY CO 80634
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Collecting for - MEDICAL

4.20**\$2,700.00****RENOWN HEALTH**

Nonpriority Creditor's Name
P.O. BOX 30006
 Number Street

Last 4 digits of account number _____

When was the debt incurred? **2018-19**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

RENO NV 89520
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical Bills

Debtor 1 **BRAD L. CONRADO**
 Debtor 2 **HOLLI J. CONRADO**

Case number (if known) **19-50031**

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.21

\$700.00

RMS

Nonpriority Creditor's Name

P.O. BOX 19646

Number Street

Last 4 digits of account number

When was the debt incurred? **2019**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

MINNEAPOLIS MN 55419

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Collecting for - PROGRESSIVE INS.

4.22

\$5,900.00

SAN JOAQUIN GENERAL HOSP.

Nonpriority Creditor's Name

P.O. BOX 1439

Number Street

Last 4 digits of account number

When was the debt incurred? **2018**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

FRENCH CAMP CA 95231

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical Bills

4.23

\$500.00

SIERRA EMERGENCY PHYSICIANS

Nonpriority Creditor's Name

P.O. BOX 258874

Number Street

Last 4 digits of account number

When was the debt incurred? **2018-19**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

OKLAHOMA CITY OK 73125

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical Bills

Debtor 1 **BRAD L. CONRADO**
 Debtor 2 **HOLLI J. CONRADO**

Case number (if known) **19-50031****Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.24****\$2,900.00****STATE OF NEVADA**

Nonpriority Creditor's Name

DEPARTMENT OF EMPLOYMENT

Number Street

500 E. THIRD STREET**CARSON CITY****NV****89713**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.25**\$32.00****U.S. DEPT OF EDUCATION**

Nonpriority Creditor's Name

P.O. BOX 5609

Number Street

GREENVILLE**TX****75403**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.26**\$11,100.00****UNITED FINANCE**

Nonpriority Creditor's Name

1833 AUBURN WAY N. SUITE "A"

Number Street

AUBURN**WA****98002**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

When was the debt incurred? **2018**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

OVERPAYMENT OF UNEMPLOYMENT

Last 4 digits of account number

When was the debt incurred? **2011**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Student Loan

Last 4 digits of account number

When was the debt incurred? **2013**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

DEFICIENCY BALANCE

Debtor 1 **BRAD L. CONRADO**
 Debtor 2 **HOLLI J. CONRADO**

Case number (if known) **19-50031**

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

NORTHERN NEVADA MEDICAL CENTER

Name

P.O. BOX 31001-0827

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.17** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

PASADENA

City

CA

State

91110-0827

ZIP Code

Debtor 1 **BRAD L. CONRADO**
 Debtor 2 **HOLLI J. CONRADO**

Case number (if known) **19-50031**

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.
 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. <u>\$2.00</u>
	6b. Taxes and certain other debts you owe the government	6b. <u>\$4,000.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$0.00</u>
	6e. Total. Add lines 6a through 6d.	6d. <u>\$4,002.00</u>

		Total claim
Total claims from Part 2	6f. Student loans	6f. <u>\$0.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$46,782.00</u>
	6j. Total. Add lines 6f through 6i.	6j. <u>\$46,782.00</u>

Fill in this information to identify your case:

Debtor 1	BRAD	L.	CONRADO
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	HOLLI	J.	CONRADO
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: DISTRICT OF NEVADA			
Case number (if known)	19-50031		

☒ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

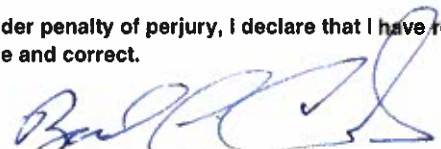
You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No
☐ Yes. Name of person _____ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X 
BRAD L. CONRADO, Debtor 1

X 
HOLLI J. CONRADO, Debtor 2

Date 08/04/2019
MM / DD / YYYY

Date 08/04/2019
MM / DD / YYYY